



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
Community Based Regulation Section

## FAMILY DAY CARE HOME STAFF INITIAL APPLICATION

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Home Telephone #: (\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Telephone #: (\_\_\_\_\_)\_\_\_\_\_ Social Security #: \_\_\_\_\_

### I am applying to be the:

- ☐ SUBSTITUTE, a person twenty (20) years of age or older, who may assume the licensed day care provider's responsibilities when he or she is absent.
- ☐ ASSISTANT, a person eighteen (18) years of age or older, who assists the licensed provider or the substitute in caring for children in the licensed facility, while the provider or substitute is present. (An assistant enables a provider to care for additional children under the age of two years.)

I plan to work for: Provider's Name: \_\_\_\_\_ Town: \_\_\_\_\_

### ALONG WITH THIS APPLICATION YOU MUST INCLUDE:

- **\$15.00 Application Fee and Fee Invoice Form** - Make your check payable to "Treasurer State of Connecticut". This fee is non-refundable.
- **Adult Medical Statement for Child Care** - Physical examination and TB test must be within the last 12 months. Adult Medical Statement forms can be found at [www.ct.gov/dph/daycare](http://www.ct.gov/dph/daycare)
- **First Aid Certification** - A copy of a certificate, front and back, documenting the successful completion of an approved course in first aid appropriate for child care providers. (For substitutes only) A list of approved First Aid Courses can be found at [www.ct.gov/dph/daycare](http://www.ct.gov/dph/daycare).
- **Fingerprints** – Submit two fingerprint cards (one for state police and the other for FBI.) A fee of \$19.25 is required with each set of prints. Make check payable to "Treasurer State of Connecticut".
- **DCF Authorization for Release of Information**

Send the above background check information to the following address: State of Connecticut, Department of Public Health, 410 Capitol Avenue, **MS#12 LEG**, P.O. Box 340308, Hartford, CT 06134-0308.

(If you obtained this application over the Internet, please call the Day Care Licensing Unit to obtain background check/fingerprint cards @ 1-800-282-6063 or 860-509-8045.)



Phone: (860) 509-8045, Fax: (860) 509-7541  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12CBR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH Community Based Regulation Section

### Child Day Care – Staff Application Fee Form

The licensing fee along with this Staff Application Fee Invoice Form is due with your application to obtain a Family Day Care Home Staff Approval. **THE FEE of fifteen \$15.00 IS NON-REFUNDABLE.**

Please complete items 1 through 9 of this form. If you have questions, call the licensing office at 1-800-282-6063 or (860) 509-8045. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT. Mail this form along with your payment and application to the *Department of Public Health* at the address on the bottom of this form.**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_, CT \_\_\_\_\_

*Street Address*

*City/Town*

*ZipCode*

3. Mailing Address (if different):

\_\_\_\_\_, CT \_\_\_\_\_

*Street Address*

*City/Town*

*ZipCode*

4. Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_ 6. Expiration Date: \_\_\_\_\_

*(for renewals only)*

7. Enclosed Check/Money Order: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(3 digits) (2 digits) (4 digits)

9. Payment is for the following type of approval: *(check one box below)*

|  | <b>Family Day Care Home Staff Assistant</b><br>(Account #42431) | <b>Family Day Care Home Staff Substitute</b><br>(Account #42431) |
|--|---|--|
|  | <input type="checkbox"/> 2-year approval (new)<br>\$15.00       | <input type="checkbox"/> 2-year approval (new)<br>\$15.00        |
|  | <input type="checkbox"/> 2-year approval (renewal)<br>\$15.00   | <input type="checkbox"/> 2-year approval (renewal)<br>\$15.00    |
|  |   |  |

1. List all former names you have been known by:

---

---

---

2. ☐ Yes ☐ No

Have you ever applied for a child day care license in Connecticut or in any other state?  
If yes, when and where? \_\_\_\_\_

---

---

3. ☐ Yes ☐ No

Have you ever held a child care license in Connecticut or in any other state?  
If yes, when and where? \_\_\_\_\_

Agency contact information:

---

---

4. ☐ Yes ☐ No

Have you ever applied for a foster care or adoption license in Connecticut or in any other state? If yes, when and where? \_\_\_\_\_

Agency contact information:

---

---

5. ☐ Yes ☐ No

Have you ever been licensed for foster care or adoption in Connecticut or in any other state? If yes, when and where? \_\_\_\_\_

Agency contact information:

---

---

---

6. ☐ Yes ☐ No Have you ever been investigated/questioned by representatives of the Department of Children and Families (DCF) or any other child protection agency, concerning the care of children, including alleged child abuse or neglect in Connecticut or any other state? If yes, please explain: \_\_\_\_\_

---

---

7. ☐ Yes ☐ No Have you ever been employed at a licensed child day care facility? If yes, when and where? \_\_\_\_\_

---

---

8. ☐ Yes ☐ No Have you ever been convicted of any crime in Connecticut or any state? If yes, please explain:

---

---

---

9. ☐ Yes ☐ No Do you have any known medical or emotional illness or disorder that would pose a risk to children in care or would interfere with or jeopardize providing them with proper care? If yes, please explain: \_\_\_\_\_

---

---

10. ☐ Yes ☐ No Do you take any medication(s) that would affect your ability to provide for the proper care of children? If yes, please explain: \_\_\_\_\_

---

---

11. List four persons (no more than one relative) who have known you for at least three years. Include people who know how you interact and care for young children. These references will be contacted by this Department.

| Name | Relation to You | Complete Mailing Address Including Zip Code | Telephone # |
|------|-----------------|---|-------------|
|      |                 |   | (       )   |
|      |                 |   | (       )   |
|      |                 |   | (       )   |
|      |                 |   | (       )   |

